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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number 10/655,345		Filing Date 04 September, 2003		<input type="checkbox"/> To be Mailed					
				Applicant(s) MCDANIEL, C. STEVEN		Page 1 of 4							
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2	X						52		1				
3	X						53	X					
4	X						54	X					
5	X						55		1				
6	X						56		1				
7	X						57		1				
8	X						58		1				
9	X						59		1				
10	X						60		1				
11	X						61		1				
12	X						62		1				
13	X						63		1				
14	X						64	X					
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68	X					
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
23		1					73		1				
24		1					74		1				
25		1					75		1				
26		1					76	X					
27		1					77	X					
28		1					78	X					
29	X						79		1				
30	X						80		1				
31		1					81		1				
32		1					82		1				
33		1					83		1				
34		1					84		1				
35		1					85		1				
36	X						86		1				
37		1					87		1				
38		1					88		1				
39		1					89		1				
40		1					90		1				
41		1					91		1				
42		1					92		1				
43		1					93		1				
44		1					94		1				
45		1					95		1				
46		1					96		1				
47		1					97		1				
48		1					98		1				
49		1					99		1				
50		1					100		1				
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20090226-1.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
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Application Number

10/655,345

Filing Date

04 September, 2003

Applicant(s)

MCDANIEL, C. STEVEN

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	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		1					151		1			
102		1					152		1			
103		1					153		1			
104		1					154		1			
105		1					155		1			
106		1					156		1			
107		1					157		1			
108		1					158		1			
109	X						159		1			
110		1					160		1			
111		1					161		1			
112		1					162		1			
113		1					163		1			
114		1					164		1			
115		1					165		1			
116		1					166		1			
117		1					167		1			
118		1					168		1			
119		1					169		1			
120		1					170		1			
121		1					171		1			
122		1					172		1			
123		1					173		1			
124		1					174		1			
125		1					175		1			
126		1					176		1			
127		1					177		1			
128		1					178		1			
129		1					179		1			
130		1					180		1			
131		1					181		1			
132		1					182		1			
133		1					183		1			
134		1					184		1			
135		1					185		1			
136		1					186		1			
137		1					187		1			
138		1					188		1			
139		1					189		1			
140		1					190		1			
141		1					191		1			
142		1					192		1			
143		1					193		1			
144		1					194		1			
145		1					195		1			
146		1					196		1			
147		1					197		1			
148		1					198		1			
149		1					199		1			
150		1					200		1			
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
201		1					251		1			
202		1					252		1			
203		1					253		1			
204		1					254		1			
205		1					255		1			
206		1					256		1			
207		1					257	X				
208		1					258	X				
209		1					259	X				
210		1					260	X				
211		1					261	X				
212		1					262	X				
213		1					263	X				
214		1					264	X				
215		1					265	X				
216		1					266	X				
217		1					267	X				
218		1					268	X				
219		1					269	X				
220		1					270	X				
221		1					271	X				
222		1					272	X				
223		1					273	X				
224		1					274	X				
225		1					275	X				
226		1					276	X				
227		1					277	X				
228		1					278	X				
229		1					279	X				
230		1					280	X				
231		1					281	X				
232		1					282	X				
233		1					283	X				
234		1					284	X				
235		1					285	X				
236		1					286	X				
237		1					287	X				
238		1					288	X				
239		1					289	X				
240		1					290	X				
241		1					291	X				
242		1					292	X				
243		1					293	X				
244		1					294	X				
245		1					295	X				
246		1					296	X				
247		1					297	X				
248		1					298	X				
249		1					299	X				
250		1					300	X				
Total Indep							Total Indep					
Total Depend							Total Depend					
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	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
301	X						351		1			
302	X						352		1			
303	X						353		1			
304	X						354		1			
305	X						355		1			
306	X						356		1			
307	X						357		1			
308	X						358		1			
309	1						359		1			
310	X						360		1			
311	X						361		1			
312	X						362		1			
313	X						363	X				
314	X						364	X				
315	X						365		1			
316	X						366		1			
317	X						367		1			
318	X						368		1			
319	1						369		1			
320		1					370		1			
321		1					371		1			
322		1					372		1			
323		1					373		1			
324		1					374	X				
325		1					375	X				
326		1					376		1			
327		1					377		1			
328		1					378		1			
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341		1					391		1			
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343		1					393					
344		1					394					
345		1					395					
346		1					396					
347		1					397					
348		1					398					
349		1					399					
350		1					400					
Total Indep	2						Total Indep					
Total Depend		324					Total Depend					
Total Claims	326						Total Claims					

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